

PROJECT BUDGET FOR ORGANIZATIONS FORM 3-B

Neatly handwrite or type. Fill in all questions and fields. Round to nearest dollar.

Name: _____ Federal Tax ID # _____

Check one of the following:

☐ **QUICKFUND** or ☐ **PROJECT GRANT** list expenses and income that directly relates to the cost of the project described in this application. Refer to the Glossary for an explanation of terms. (You may add one page for itemizations.)

☐ **CULTURAL FACILITIES** list expenses and income that directly relates to the cost of the feasibility study, renovation, construction, or capital purchase.

EXPENSES

Staff (include salary and benefits)

Administrative (# staff) _____ \$ _____

Artistic (# staff) _____ \$ _____

Technical/Production # _____ \$ _____

Outside Fees and Services \$ _____
(itemize)

Production (itemize) \$ _____

Travel (itemize) \$ _____

Remaining Operating Expenses (itemize) \$ _____

Space/Facility Rental \$ _____

Marketing/Promotion/P.R. \$ _____

Capital Expenditures \$ _____
For Cultural Facilities only (itemize)

TOTAL CASH EXPENSES \$ _____

INCOME

Admissions \$ _____

Single ticket price _____

Season ticket price _____

Contracted Services (identify) \$ _____

Government Support \$ _____
(identify source)

Other Revenue (itemize) \$ _____
(grants, contributions, subscriptions, memberships, etc.)

Applicant Cash \$ _____

Grant Amount Requested \$ _____

TOTAL CASH INCOME \$ _____

CASH INCOME MUST EQUAL CASH EXPENSES

TOTAL ANNUAL BUDGET OF ORGANIZATION \$ _____

IN-KIND CONTRIBUTIONS \$ _____ (Fill out Supplement A)
(Applicable for QuickFund\$, Project Grants, and Feasibility Studies)